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A MODEL STATE LAW FOR MORBIDITY REPORTS.

ADOPTED BY THE ELEVENTH ANNUAL CONFERENCE OF STATE AND TERRITORIAL HEALTH AUTHORITIES WITH THE UNITED STATES PUBLIC HEALTH SERVICE, MINNEAPOLIS, JUNE 16, 1913.

The intrastate control of matters relating to the public health has been repeatedly construed to be a part of the police powers of the several States and to be therefore a power retained by the States and not delegated to the Federal Government. Because of this the only means by which uniformity can be attained in the notification of the occurrence of sickness and in morbidity reports in general is for the several States to enact uniform laws or promulgate uniform regulations covering the subject.

With this purpose in view, the annual conference of State and Territorial health authorities with the United States Public Health Service, provided for by act of Congress approved July 1, 1902, held at Minneapolis June 16, 1913, after careful deliberation, adopted a model law for morbidity reports.

The draft of the law was submitted to the conference by the standing committee on morbidity reports, the membership of which is as follows:

Mark W. Richardson, M. D., secretary and executive officer
Massachusetts State Board of Health, *chairman*.

S. J. Crumbine, M. D., secretary and executive officer
Kansas State Board of Health.

Ennion G. Williams, M. D., commissioner of health of
Virginia.

William F. Snow, M. D., secretary and executive officer
California State Board of Health.

R. L. Dixon, M. D., secretary and executive officer
Michigan State Board of Health.

John W. Trask, Assistant Surgeon General, United States
Public Health Service.

It is recommended that in the States where there is authority for so doing the provisions of the law be promulgated as regulations until such time as the respective legislatures have the opportunity to enact the Model Law.

The following is the Model Law as adopted by the conference:

MODEL LAW.

A bill to provide for the notification of the occurrence and prevalence of certain diseases.

Be it enacted by the Senate and General Assembly of the State of———:

SECTION 1. It shall be, and is hereby, made the duty of the State department of health (or commissioner or board of health) to keep currently informed of the occurrence, geographic distribution, and prevalence of the preventable diseases throughout the State, and for this purpose there shall be established in the State department of health a bureau (or division) of sanitary reports which shall, under the direction of the State commissioner of health (State health officer or secretary of the State board of health), be in charge of an assistant commissioner of health who shall receive an annual salary of —— dollars and the necessary expenses incurred in the performance of his duties. The State department of health shall provide such clerical and other assistance as may be necessary for the establishment and maintenance of said bureau.

SEC. 2. The following-named diseases and disabilities are hereby made notifiable and the occurrence of cases shall be reported as herein provided:

GROUP I.—INFECTIOUS DISEASES.

Actinomycosis.

Anthrax.

Chicken pox.

Cholera, Asiatic (also cholera nostras when Asiatic cholera is present or its importation threatened).

Continued fever lasting seven days.

Dengue.

Diphtheria.

Dysentery:

(a) Amebic.

(b) Bacillary.

Favus.

German measles.

Glanders.

Hookworm disease.

Leprosy.

Malaria.

Measles.

Meningitis:

(a) Epidemic cerebrospinal.

(b) Tuberculous.

Mumps.

Ophthalmia Neonatorum (conjunctivitis of newborn infants).

Paragonimiasis.

Paratyphoid fever.

Plague.

Pneumonia (acute).

Poliomyelitis (acute infectious).

Rabies.

Rocky Mountain spotted, or tick fever.

Scarlet fever.

Septic sore throat.

Smallpox.

Tetanus.

Trachoma.

Trichinosis.

Tuberculosis (all forms, the organ or part affected in each case to be specified).

Typhoid fever.

Typhus fever.

Whooping cough.

Yellow fever.

GROUP II.—OCCUPATIONAL DISEASES AND INJURIES.

Arsenic poisoning.

Brass poisoning.

Carbon monoxide poisoning.

Lead poisoning.

Mercury poisoning.

Natural gas poisoning.

Phosphorus poisoning.

Wood alcohol poisoning.

Naphtha poisoning.

Bisulphide of carbon poisoning.

Dinitrobenzine poisoning.

Caisson disease (compressed-air illness).

Any other disease or disability contracted as a result of the nature of the person's employment.

GROUP III.—VENEREAL DISEASES.

Gonococcus infection.

Syphilis.

GROUP IV.—DISEASES OF UNKNOWN ORIGIN.

Pellagra.

Cancer.

Provided, That the State department of health (or board of health) may from time to time, in its discretion, declare additional diseases notifiable and subject to the provisions of this act.

SEC. 3. Hereafter each and every physician practicing in the State of ——— who treats or examines any person suffering from or afflicted with, or suspected to be suffering from or afflicted with, any one of the notifiable diseases shall immediately report such case of notifiable disease in writing to the local health authority having jurisdiction. Said report shall be forwarded either by mail or by special messenger and shall give the following information:

1. The date when the report is made.
2. The name of the disease or suspected disease.
3. The name, age, sex, color, occupation, address, and school attended or place of employment of patient.
4. Number of adults and of children in the household.
5. Source or probable source of infection or the origin or probable origin of the disease.
6. Name and address of the reporting physician.

Provided, That if the disease is, or is suspected to be, smallpox the report shall, in addition, show whether the disease is of the mild or virulent type and whether the patient has ever been successfully vaccinated, and, if the patient has been successfully vaccinated, the number of times and dates or approximate dates of such vaccination; and if the disease is, or is suspected to be, cholera, diphtheria, plague, scarlet fever, smallpox, or yellow fever, the physician shall, in addition to the written report, give immediate notice of the case to the local health authority in the most expeditious manner available; and if the disease is, or is suspected to be, typhoid fever, scarlet fever, diphtheria, or septic sore throat the report shall also show whether the patient has been, or any member of the household in which the patient resides, is engaged or employed in the handling of milk for sale or preliminary to sale: *And provided further*, That in the reports of cases of the venereal diseases the name and address of the patient need not be given.

SEC. 4. The requirements of the preceding section shall be applicable to physicians attending patients ill with any of the notifiable diseases in hospitals, asylums, or other institutions, public or private: *Provided*, That the superintendent or other person in charge of any such hospital, asylum, or other institution in which the sick are cared for may, with the written consent of the local health officer (or board of health) having jurisdiction, report in the place of the

attending physician or physicians the cases of notifiable diseases and disabilities occurring in or admitted to said hospital, asylum, or other institution in the same manner as that prescribed for physicians.

SEC. 5. Whenever a person is known, or is suspected, to be afflicted with a notifiable disease, or whenever the eyes of an infant under two weeks of age become reddened, inflamed, or swollen, or contain an unnatural discharge, and no physician is in attendance, an immediate report of the existence of the case shall be made to the local health officer by the midwife, nurse, attendant, or other person in charge of the patient.

SEC. 6. Teachers or other persons employed in, or in charge of, public or private schools, including Sunday schools, shall report immediately to the local health officer each and every known or suspected case of a notifiable disease in persons attending or employed in their respective schools.

SEC. 7. The written reports of cases of the notifiable disease required by this act of physicians shall be made upon blanks supplied for the purpose, through the local health authorities, by the State department of health. These blanks shall conform to that adopted and approved by the State and Territorial health authorities in conference with the United States Public Health Service.

SEC. 8. Local health officers or boards of health shall within seven days after the receipt by them of reports of cases of the notifiable diseases forward by mail to the State department of health the original written reports made by physicians, after first having transcribed the information given in the respective reports in a book or other form of record for the permanent files of the local health office. On each report thus forwarded the local health officer shall state whether the case to which the report pertains was visited or otherwise investigated by a representative of the local health office and whether measures were taken to prevent the spread of the disease or the occurrence of additional cases.

SEC. 9. Local health officers or boards of health shall, in addition to the provisions of section 8, make such other reports as may be provided for by regulations promulgated by the State department of health (or board of health).

SEC. 10. Whenever there occurs within the jurisdiction of a local health officer or board of health an epidemic of a notifiable disease, the local health officer or board of health shall, within 30 days after the epidemic shall have subsided, make a report to the State department of health of the number of cases occurring in the epidemic, the number of cases terminating fatally, the origin of the epidemic, and the means by which the disease was spread: *Provided*, That whenever the State department of health has taken charge of the control and suppression or undertaken the investigation of the epidemic, the

local health authority having jurisdiction need not make the report otherwise required.

SEC. 11. No person shall be appointed to the position of local health officer in any city, town, or county until after the qualifications of said person have been approved by the State department of health.

SEC. 12. In localities in which there are no local health officers or boards of health, and in localities in which, although there are health officers or boards of health, adequate provision has not, in the opinion of the State department of health, been made for the proper notification, investigation, and control of notifiable disease, and in localities in which the local health authorities fail to carry out the provisions of this act, the State department of health shall appoint properly qualified sanitary officers to act as local health officers and to prevent the spread of disease in and from such localities and to enforce the provisions of this act: *Provided*, That salaries and other expenses incurred under the provisions of this section shall be paid by the local authorities.

SEC. 13. Any physician or other person or persons who shall fail, neglect, or refuse to comply with, or who shall violate any of the provisions of this act shall be guilty of a misdemeanor and upon conviction thereof shall be sentenced to pay a fine of not less than — dollars nor more than — dollars for each offense: *Provided*, That in the case of a physician his license to practice medicine within the State may be revoked.

SEC. 14. No license to practice medicine shall be issued to any person until after the applicant shall have filed with the State licensing board a statement, signed and sworn to before a notary or other officer qualified to administer oaths, that said applicant has familiarized himself with the requirements of this act, a copy of which sworn statement shall be forwarded to the State department of health.

SEC. 15. The sum of ——— dollars is hereby appropriated from any money in the State treasury not otherwise appropriated for carrying out the provisions of this act.

SEC. 16. This act shall take effect immediately and all acts or parts of acts inconsistent with the provisions of this act are hereby repealed.

STANDARD NOTIFICATION BLANK.

The following model notification blank was also submitted by the committee on morbidity reports and approved and adopted by the conference as the standard notification blank referred to in section 7 of the Model Law as the one to be used in the reporting of cases of the notifiable diseases. This blank is intended to be printed on a post card:

[Face of card.]

....., 191...
 (Date.)
 Disease or suspected disease.....
 Patient's name....., age....., sex....., color.....
 Patient's address....., occupation.....
 School attended or place of employment.....
 Number in household: Adults....., children.....
 Probable source of infection or origin of disease.....
 If disease is smallpox, type....., number of times successfully vaccinated and approximate dates.....
 If typhoid fever, scarlet fever, diphtheria, or septic sore throat, was patient, or is any member of household engaged in the production, or handling of milk.....
 Address of reporting physician.....
 Signature of physician.....

[Reverse of card.]

For use of local health department.

....., 191...
 (Date.)
 Was case investigated by health department?.....
 Was nature of disease verified?.....
 What measures were taken to prevent spread or the occurrence of additional cases from same origin?.....

Health Department,
 (City).....
 (State).....